



Finance Department | Revenue Division  
39550 Liberty Street, Fremont, CA 94538  
Ph: 510-494-4790 | Fax: 510-494-4754  
www.fremont.gov

☐ New Application  
☐ Renewal

## Application for Massage Establishment License

[Nonrefundable fee of \$300.00 on new applications and \$150.00 on annual renewals.]

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Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Number Street City State Zip

Business Phone No.: \_\_\_\_\_ Business Fax No.: \_\_\_\_\_

Description of Services Offered: \_\_\_\_\_

\_\_\_\_\_

Type of Business: Sole Owner ☐ Partnership ☐ Corporation ☐

Name: \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

Home Phone No.: \_\_\_\_\_ Driver's License or I.D. No.: \_\_\_\_\_ SSN: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Number Street City State Zip

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Glasses/Contacts: Yes ☐ No ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Alias Name(s): \_\_\_\_\_ Single ☐ Married ☐ Divorced ☐

Citizenship of What Country: \_\_\_\_\_ Resident Alien Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Have you ever been arrested for any crimes? Yes ☐ No ☐

If so, when, where, and for what?

\_\_\_\_\_

Have you ever been convicted of any crimes? Yes ☐ No ☐

List all convictions including dates, charges and locations:

\_\_\_\_\_



Do you have any cases pending against you in court?

Yes ☐

No ☐

If so, where and for what?

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Name of all partners or corporate officers:

1. Name: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Number Street City State Zip

2. Name: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Number Street City State Zip

3. Name: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Number Street City State Zip

4. Name: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Number Street City State Zip

Have any of the partners or officers ever been arrested for any crimes?

Yes ☐

No ☐

If so, when, where, and for what?

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Have any of the partners or officers ever been convicted of any crimes? Yes ☐ No ☐

List all convictions including dates, charges and locations:

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Do any of the partners or officers have any cases pending against them in court? Yes ☐ No ☐

If so, where and for what?

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List your last two (2) previous places of residence including dates:

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List the name, address and dates of your last three (3) places of employment:

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Name of person who will manage or be principally in charge of the operation of business:

Name: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Number Street City State Zip

Has the manager ever been arrested for any crimes? Yes ☐ No ☐

List all convictions including dates, charges and locations:

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Has the manager ever been convicted of any crimes?      Yes ☐      No ☐

List all convictions including dates, charges and locations:

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Does the manager have any cases pending against him/her in court?      Yes ☐      No ☐

If so, where and for what?

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I/We certify under penalty of perjury that the statements I/we have made on this application are true and correct. I/We authorize the City of Fremont, its agents and employees to seek information and conduct an investigation into the truth of the statements set forth in this application and our qualifications for the license. I/We further understand that any misrepresentations, omissions or falsifications will be grounds for the massage license denial or further revocation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_